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LEADING ARTICLES

A SUGGESTION CONCERNING THE INCREASED LONGEVITY OF LIFE INSURANCE POLICYHOLDERS.*

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Modern medicine has, above all, two chief aims, the prevention of disease and the recognition of its earliest signs in the individual. In both of these aims the business of life insurance has an immense interest, since the nearer we approach to their accomplishment the more we add to human longevity. I was much interested in reading the address of Prof. Irving Fisher, delivered before this body at its meeting in February last on the "Economic Aspect of Lengthening in Human Life," and his plea for concerted action on the part of life insurance companies to lend their financial aid to the cause of preventive medicine, is one which meets with my hearty sympathy and approval. I do not know when or where the idea of enlisting the life insurance companies in the cause of preventive medicine originated, but it has been in my own mind for a good many years. In the course of an address delivered in 1902 before the Minnesota

*Address delivered at the regular bi-monthly meeting of the Association of Life Insurance Presidents, New York City, on the afternoon of Friday, April 2d.

State Sanitary Association and published in American Medicine, Vol. V, Nos. 11 and 12, (1903), I alluded to it in the following sentences which I should like to quote at this time, to prove that the idea is not a new one.

"The business which more than any other is directly concerned with the health of the people is the life insurance business, and when we consider the enormous amount of capital invested in this business and the enormous numbers of people, including both insurers and insured, who are interested in it, it would seem that life insurance companies might form a powerful combination which would be capable of accomplishing a vast amount of good in this direction. Fire insurance companies have found the support of salvage corps as adjuncts to the regular municipal fire departments to be a very profitable investment. In an analogous but somewhat different way I believe that life insurance companies would find it profitable to use their money and their influence in supporting the work of municipal boards of health, and also, perhaps, in pursuing and maintaining independent investigations of the many problems concerning sanitation which remain yet to be solved.

"The companies pay out annually millions of dollars for death losses which result from preventable diseases. Would it not be profitable from the business point of view alone to spend some of this money in endeavoring to prevent some of these diseases? Of course life insurance companies would be unable, in case they should pursue any such policy as the one suggested, to know just what lives they were saving, and they would of course assist in saving many lives that were not insured. Fire insurance salvage corps assume that all threatened property is insured and endeavor to protect it all; I believe that the life insurance companies could well afford to do the same. If all the life insurance companies would combine and set aside each year a fund to be devoted to a co-operative investigation of some of the problems of preventive medicine an immense amount of good would be accomplished at an expense which would be trifling to each company, and the direct return to the companies would be very large."

Preventive medicine becomes more nearly an exact science all the time and while its possibilities are far from being realized, this is not because of its own inexactness or shortcomings, but because the people have not

yet awakened to the fact that these diseases which cause the greatest number of deaths and the greatest amount of suffering are actually preventable, if money enough is spent to prevent them. The only way to enlist all the people actively in the crusade against preventable disease is to present the subject as an economic one, which it surely is, and one which appeals directly to their pocket-books. I am glad that life insurance companies are beginning to be interested in it from this point of view. Its study will prove profitable to them and will afford a most valuable object lesson to the people.

I have another suggestion to make, which I was especially invited to make to you at this meeting by your general counsel and manager, and which is distinctly germane to the subject of preventive medicine as well as to the economic conduct of the business of life insurance.

As far as their policy-holders are concerned, life insurance companies have two chief objects in view: First, that every policy-holder shall be physically sound when his policy is issued, and second that he shall live as long and pay as many annual premiums as possible. These two conditions are also of great importance to the policy-holders themselves because a low death rate means a smaller cost of insurance and also because every one wants to live as long as possible. All life insurance companies are careful, some more so than others, to see that their risks are carefully selected, and on the whole I believe that the medical examinations for life insurance in this country are rigorously and honestly made, and that the great majority of accepted applicants are sound at the time their policies are issued. This, of course is as it should be, but so far as I know no effort is made by any life insurance company to keep in touch with the physical condition of its policy-holders after their policies are issued. Life insurance companies will, of course admit that anything which would add five or ten or more years to the average longevity of their policy-holders, so that they would pay just that many more annual premiums, would be an immensely valuable stroke of business. I believe that this very thing is possible although, of course, I would not go so far as to state anything definite as to the average increased longevity that might be brought about. There is probably not a physician who has not many times in his experience detected, while examining a patient for some other purpose, the early signs of some beginning organic disease, of which the patient had no suspicion. In

such cases the early recognition of the first evidences of the disease has enabled the physician to so order the life of his patient as to prevent the further progress of the disease, if it is a curable one, or to retard its progress and to enable the patient to live much longer than he would have lived had the disease not been detected until later. Many persons die of kidney disease, of tuberculosis, of cancer, of diabetes, of heart disease, and of other diseases every year, and many millions of dollars are paid by the life insurance companies which have issued policies on the lives of these persons who were sound when the policies were issued, and who might have lived much longer and paid many more annual premiums if the disease which caused their deaths had been recognized and properly treated in their earliest stages. To a medical audience it would not be necessary to go into details in regard to this statement and perhaps to this audience it is not appropriate to do so, but I am sure that you will all understand that, diabetes, for instance, begins very insidiously and is often present for many months, perhaps years, without symptoms, and its presence is very apt to be first recognized as the result of an examination of the urine, made for some other purpose. You can also readily understand that if diabetes is detected in its very earliest stages and the patient put upon appropriate treatment at once, he will live much longer than if it is allowed to go on unsuspected, until treatment is of little avail.

So too, the early diagnosis of tuberculosis, of cancer, of heart disease means a better chance for recovery and a longer life for the individual. These are the very diseases which figure most largely in your mortality tables. My contention is that it is perfectly possible to recognize, in many cases, the early signs of these diseases before the individual suspects that any evidence of disease is present, and that life insurance companies would save large amounts of money which they now pay in death losses by inaugurating a plan of systematic re-examination of all their policy-holders at regular intervals, say every five years. This, of course could not be made compulsory on all policy-holders, but I believe that the great majority, if the reasons for the examination were explained to them, would be very glad to report to the medical examiner at a specified time and submit to the necessary examination.

The expense to the companies would be trivial, and in certain cases where the policy-holder was insured in two or more companies the expense might be easily divided.

Indeed, the companies might enter into an agreement for the exchange of information regarding all policy-holders as they now do in regard to rejected or postponed applications, and still further reduce the expense. The details of the plan which I suggest would of course have to be carefully worked out by the companies, but I feel certain that by adopting some such plan as I have in mind, the statistics of life insurance companies would in a few years show a greatly reduced mortality with correspondingly increased profits to the business, and a lessening of the cost of life insurance. The whole tendency of modern medicine is toward the early recognition and the prevention of disease, and the life insurance company which first makes a practical application of this principle to its business will not only bring about a revolution in the business of life insurance, but will also confer an immense and lasting benefit to the world. It has been my experience, and other physicians have had the same experience, that there is a constantly increasing number of individuals who are adopting the custom of presenting themselves to physicians at stated intervals, not because they think they are sick but for the purpose of being examined to ascertain if their organs are sound and their functions being properly performed. This would indicate that the importance of the early recognition of evidences of disease is being recognized. I have several times as the result of such an examination had the experience of detecting the beginning of some chronic disease, unsuspected by the individual, and I am positive that this discovery followed by appropriate advice has added some years to the life of that individual. Surely, the regular periodic examination of a large percentage of the immense group of individuals represented by the policy-holders of the life insurance companies of this country, would bring to light many instances of incipient disease which appropriate treatment would either cure or check, and it is equally sure that the average longevity of this group of individuals would be increased. I am also convinced, that, if a carefully worded letter were sent to each the policy-holder at stated intervals, say every three or five years, explaining the advantage to them of such an examination and offering it without charge, as one of the benefits conferred by their policies, a very large majority of them would avail themselves of the privilege.

Life insurance, the most beneficent and philanthropic of all businesses, and the profession of medicine have for years worked together in the study of many problems hav-

ing to do with human life. Aside from the humanitarian point of view the business of life insurance has an immense financial interest in the increase of human longevity; and in spending money to aid in the accomplishment of the aims of preventive medicine, the companies may legitimately charge the amounts thus expended to the regular expense accounts of their business. Medicine is expected to do much and does much in the name of sentiment, charity and philanthropy. Life insurance companies cannot spend the money of their stock-holders or their policy-holders for such purposes, but when sentiment and philanthropy also spell more premiums from policy-holders, and hence cheaper insurance, they not only may but must invest in them. I look forward, with confidence to the time when preventable diseases will be prevented and when curable diseases will be recognized in the curable stage and will be cured, and I believe the grandest triumphs of civilization will be the achievements which will result from a realization of the possibilities of preventive medicine. The coming of this time will also mark a new era in life insurance. As an additional suggestion I append a draft of a letter which, or some modification of which, would, I feel sure, induce a very large proportion of policy-holders to report for examination at stated intervals.

SUGGESTED LETTER TO POLICY-HOLDERS.

"My Dear Sir:—As a policy-holder in this company you are directly interested in the economic conduct of its business, since the amount of your dividends, and hence the cost of your insurance, depends upon the profits earned each year over and above the cost of carrying on the business. You are also, it is presumed, interested in your own individual longevity and would like to live as long as possible. We hope therefore that you will read this letter carefully, and that you will be willing to accede to the request contained in it. It is well known to physicians that very many of the diseases of which people ultimately die, have existed a long time before their symptoms have been noticed by the patient, and that when the patient finally consults a physician, it is often too late to do all that might have been done if the disease had been detected earlier. Many diseases may be checked or cured in their early stages. Many individuals are beginning to realize this and the custom of consulting a physician at stated intervals for the purpose of being examined to ascertain the presence or absence of the early signs of disease is growing to be a common one. We have decided to offer our policy-

holders, as one of the benefits of their policy, an opportunity to receive such an examination, at stated intervals without charge to them. You have now been a policy-holder in this company for ——— years and we should be glad to know that you are in the same good physical condition at the present time as you were at the time your policy was issued; if on the other hand you have at the present time any evidence of the beginning of any disease it is for your interest as well as for ours that it should be detected, in order that you may put yourself in the way of being cured if possible. We should be very glad if you would present yourself to our examiner, Dr. ——— between the ——— and the ——— of this month for examination, taking the enclosed blank with you.

"There will be no expense attached to this examination and of course all information in regard to it will be held as confidential between the examiner and the company. There is no obligation on your part to have this examination made, and it has of course no bearing on the status of your policy, but since the interests of all our policy-holders are affected by having as large a number of them periodically examined as possible, we hope that you will accede to our request.

"Yours very truly."

It occurs to me that the directors of life insurance companies in considering, if they do consider, the suggestion I have made to-day, may fairly look at it from another point of view, besides that of adding to the longevity of their policy-holders. The problem concerning the prevention of disease, concerning the prolongation of life, and concerning public and private hygiene are being talked about, and thought about and studied by the people, at the present time, more intelligently and more earnestly than ever before in the history of the world; this is undoubtedly the case. I believe it is also true, that events of the last few years have shaken to some extent the faith of the people in life insurance, as a business. Life insurance as an institution, as a protection to the family, stands as firmly as ever, but unfavorable public sentiment has been aroused by the publicity which has been given to some of the business methods which have been practiced by some of the life insurance companies. Would it not be a good thing for the business of life insurance, if the public were to learn that the companies, besides offering a protection to the family, after the death of the bread-winner, were earnestly and seriously engaged in a concerted effort to protect the bread-

winner during his life? I believe it would, and believe that if the business of life insurance and the profession of medicine, were to join hands on the platform of preventive medicine, they would both earn the gratitude of humanity. The financial rewards to the life insurance companies would also be great; the people would share largely in the financial benefits, since the cost of their insurance would be lessened, and the medical profession while not profiting financially—indeed, preventive medicine is directly against the financial interests of the medical profession—would take pride in its share of the added benefits to mankind. When preventive medicine becomes actually preventive, a large number of diseases, notably the communicable diseases, will become practically extinct, just as the bubonic plague and cholera are now practically extinct in most highly civilized communities. It will be necessary, however, in order to keep the sanitary defenses of a nation properly manned to have at all times a large standing sanitary army of medical men who will be servants of the state rather than servants of the individual. This is the ideal future of the medical profession.

The possibilities of properly directed scientific effort in the control of disease in animals have been amply demonstrated by the United States government in the work that has been done during the last twenty-five years by the department of Agriculture in protecting hogs, cattle and domestic fowls from the many pests which formerly were so fatal to these animals, and the millions expended by the government in this work have been returned many times in the form of increased profits to the farmers and stock raisers and have added immensely to our National prosperity. The problems of the control of the diseases of mankind are not very different from the problem of the control of the disease of beasts. Are not its citizens at least as great an asset to a nation as its hogs? The government undertook the matter of protecting the lives of its hogs and cattle because the people demanded it. When the people demand it, it will also undertake to protect the lives of its citizens. It is as simple a problem to drive typhoid fever out of the United States as it was to banish yellow fever from Havana and from Panama. The medical profession has for years been pleading for governmental aid in their efforts to prevent preventable disease. It has pleaded to deaf ears. Let the immense influence of the life insurance companies be brought to bear upon the government in this matter, and those ears will be deaf no longer. Whether, gentlemen, the

directors of the companies represented in this association see any merit in any definite suggestion I have made to you today, or not, is a small matter, compared with the immense educational value to the people, of witnessing an active effort on the part of the great institutions which you represent, to prevent preventable disease and to add to human longevity.

SUDDEN BLINDNESS.*

P. I. LEONARD, M. D.

ST. JOSEPH, MO.

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SEPARATED from all theory, there are only two strenuous questions which the physician should ask himself in the presence of the patient: What is the trouble, and what can I do for relief? Meeting with such conditions as sudden blindness we must make a prompt diagnosis, and to do this the eye offers a most fruitful field of investigation in systemic and brain disease.

Ophthalmology has been treated as a severe stepmother by nearly all general practitioners. The college curriculum did not teach it, or it was not expected "at the final examination;" the ocular examination is too "profound and technical" and it requires a "specialist". The pendulum of exclusive specialism has swung too far and ophthalmology begins to speak of and teach "general practice ophthalmology."

The "generalist" should be able to recognize and treat eye injuries, all eye infections and diseases of the uveal tract, the management of the simple refractive disorders, presbyopia, myopia and hyperopia. Without being an expert he should know the ordinary use of the ophthalmoscope.

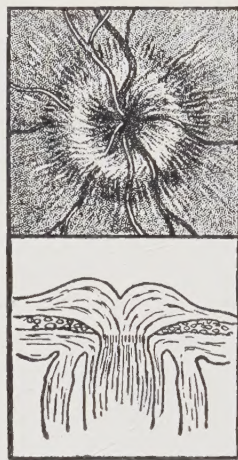
The late Dr. E. G. Loring of New York in speaking of Helmholtz's invention said: "In the whole history of medicine there is no more beautiful episode than the invention of the ophthalmoscope and physiology has few greater triumphs. With it is like walking into Nature's laboratory and seeing the Infinite in action."

The ophthalmoscope shows conditions indicating lues, diabetes, anemia and the various pathological conditions of the retina itself; it shows the disk of the optic nerve entrance and we may find "choked disk" the frequent forerunner of a neoplasm or disease of the brain, or in noting its peculiar

color we may suspect retrobulbar neuritis due to alcohol and tobacco.

The diagnosis between typhoid fever and acute miliary tuberculosis has been made by the ophthalmoscope.

Dr. E. Jackson of Denver asks: "And is there any group of lesions more completely pathognomonic than those of luetic chorior-etinitis with dust-like opacities of the vitreous?" The ophthalmoscope has shown cases of transient blindness where during observation a retinal artery became refilled and normal in appearance, thus proving that spasm of an artery does occur. In cardiovascular disease the eye is peculiarly subject to hemorrhages which can always be seen



PAPILLITIS (CHOKED DISK).

The upper portion represents the ophthalmoscopic appearances; the lower half, a longitudinal section (May).

unless too minute; they are painless and gradually disappear again unnoticed if vision is not interfered with.

The brain and eye are intimately connected, and the eye is subject to the variations of pressure and nutrition of the brain while the diseased conditions of the latter are quickly noticed in the eye. Thus the eye is of such comparative delicacy as to be a veritable barometer of brain disturbances. By an examination of the background of the eye we have predicted the on-coming of hemorrhage of the brain (apoplexy). Sudden blindness in both eyes suggests a systemic cause (except traumatism).

Without wishing to burden you with the detail recital of case histories, I will briefly refer to a few which are explanatory of my remarks.

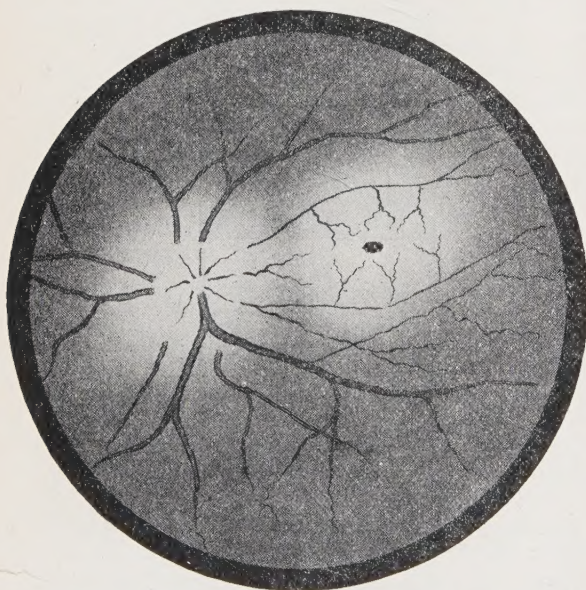
Uremic blindness without perceptible change in the eye, complete or partial, is found in the acute nephritis of pregnancy,

*Read before the St. Joseph-Buchanan County Medical Society.

in the acute diseases, and in acute aggravations of chronic nephritis.

A business man was brought into my office about two years ago in a blind condition. On ophthalmoscopic examination found a slight edema of the retina and nerve head, diagnosed his case as uremic toxemia, and referred him to his family physician, whose name I have not learned. The blindness had disappeared the following day, but the man died about six months later.

We must remember that retinitis or retinal hemorrhages if present have no relation to uremic blindness, the cause of which is presumed to be of the same character as that of local palsies of muscles, or groups of



EMBOLISM OF THE RETINA (AUTHOR'S CASE).

muscles seen in uremia. The autopsy in cases of uremic paralysis has shown pronounced edema of portions of the brain, but this does not exclude a possible causal relation of toxemia to the effects produced.

About twenty years ago I made an ophthalmoscopic examination of a case of sudden blindness which had preceded and succeeded the puerperal period, and the patient ultimately recovered with proper vision. Dr. J. A. French reported this case in full, with ocular findings. As I remember, it was a case of nephritis and an edematous condition of the optic sheath in both eyes.

The obstetrician meets cases of bilateral blindness due to icterus gravidarum, uremic amaurosis, and the amaurosis of eclampsia. Neuritis optica is rarely caused by pregnancy alone; it is caused by an interstitial inflammation of the nerve, and leads to atrophy and blindness. The typical features of

neuritis optica egravitate are its beginning before or about the middle of pregnancy, the bilateral nature, and its becoming worse as pregnancy proceeds.

It is prognostically important that the disease ceases to progress as soon as pregnancy is interrupted, and if the nerve has not suffered too much, the prognosis as to sight is good.

Some observers say that if as early as the seventh month and the patient escape with her life, she will almost surely be blind. If only about two weeks preceding, recovery is almost certain. Retinitis is the most common ocular disease of nephritis. Most cases die within two years of the appearance of retinal lesions. Knies strikes the key note when he says: "when nephritis is capable of recovery the blindness may also disappear, otherwise it indicates the beginning of the end."

Traumatism is responsible for sudden complete blindness when the bullet of the suicide goes through the chiasm and instead of death produces blindness.

Sudden blindness is frequently the first symptom of a hemorrhage into the vitreous body. Councilman has found endarteritis in the smaller arteries of the brain, heart, kidneys and liver.

An elderly man "who had seen better days," presented himself at my clinic at the Ensworth Hospital Medical College last winter, and said that on suddenly awakening that morning he was blind in one eye. But he had no pain, and the only apparent cause he suggested being, that he was restless during the night. On examination we found an extensive hemorrhage into the vitreous body.

My experience teaches me the necessity of an ophthalmoscopic examination in every head injury presenting signs of increased intracranial pressure. The presence of optic neuritis is an indication for the performance of lumbar puncture according to our best light. Every "black eye" should be examined for a fracture of the orbit, because the optic nerve may be severed or compressed by a splinter of bone.

Poisoning by methyl or wood alcohol has been brought before the American profession by Drs. Buller, Wood and DeSchweinitz during the last few years. They found 153 cases of blindness and 122 deaths from this poison. Wood alcohol costs only 50 cents a gallon, while ethyl alcohol \$1.60. The cheaper article is found in cheap whiskeys, Jamaica ginger, lemon extracts, bay rum, cologne water, in many spirits, etc., while in local option and prohibition states it may be diluted for drinking purposes.

Wood reports three cases of blindness from rubbing wood alcohol on the body.

According to Dr. C. H. Howard, chemist, the following toilet articles contain wood alcohol: Coke's dandruff cure, 30 per cent; Zepp's dandruff cure, Corolla's hair tonic, Westphal's auxiliatory, all contain 10 per cent wood alcohol; Seven Sutherland Sisters, Madam Yale's hair tonic, danderine, Newbro's herpicide 6 per cent, practically all wood alcohol; Florida water, 13 per cent; violet water, made by Dupont & Co., Paris 33 per cent wood alcohol. Wood states that he believes over 700 persons have been made blind by wood alcohol in the United States.

Two years ago I saw a man about 45 years of age suffering from a gastro-intestinal disturbance, nausea, vomiting, headache, some vertigo, dilated pupils and blindness. There was no depression of the heart's action. Wood says acute abdominal distress followed by blindness should always suggest methyl alcohol poisoning. The stomach pump had been used, as well as strychnine and coffee. The use of pilocarpine and K. I. was resorted to and the next day vision was almost normal. The patient said he had been drinking whiskey.

Holden suggest that the uncomplicated toxic amblyopias ought to be considered as retinal diseases and not retro-bulbar neuritis. Conditions of defective metabolism and the exact chemical nature of the change that lead to the death of ganglion cells as a result of toxic action, may be solved by physiological chemistry.

While a student at the Allgemeines Krankenhaus at Vienna in Stellwag's clinic I saw a woman who had taken 3 c.c. of a 1 per cent solution of sulphate of atropine. She had a central amblyopia and some disturbance of the mucous membranes. Prof. Stellwag verified the diagnosis by instilling the concentrated filtrate of the gastric contents into a cat's eye. These instillations can be made in the human eye.

Malarial poison may produce blindness by acting on the optic nerves, and it is said to disappear under anti-malarial treatment.

I remember the case of a farmer in the lake bottoms about fifteen years ago, who had taken about 50 grains of quinine, which produced total blindness due to spasm of the vessels diminishing the blood supply and producing a degeneration of the ganglion cells of the nerve fibres of the retina and the optic nerve. After some time central vision became restored, but not the peripheral.

Thus malaria and quinine produce similar symptoms, not unlike the poisons of lues and hydrargyrum—*similia similibus curantur*.

Lead poisoning has been known to cause sudden binocular blindness, probably central in origin. Stricker reports the case of the wife of a painter, poisoned by washing out two pairs of his overalls each week; another a barber, who for the past eight years has been using a hair dye which contained lead.

A cerebral lesion may produce mind, psychic or object blindness. Hysterical blindness is seldom bilateral, and De Schweinitz says that the blind hysteric is consistent, the patient who pretends to be blind, but is not hysterical, is not consistent. Transitory blindness sometimes occurs with brain tumors although Hirshberg denies it to be a localizing symptom.



HEMORRHAGES OF THE RETINA.

After a coryza or influenza a sudden reduction of vision may occur and it suggests a sinusitis as a possible cause. The orbital portion of the optic nerve may become acutely inflamed and blot out the central vision suddenly, due to sphenoidal sinus pressure.

About a year ago I saw a case with Dr. J. W. Heddens, a man who had become blind in the left eye which I believed to have been due to a sinusitis. The frontal sinus had been operated upon at Omaha without improvement. He had a ptosis but no other focal symptom. He had a slight proptosis. To my surprise the sphenoidal and ethmoidal sinuses were normal. He had a slight optic neuritis, a practically constant headache, but no further guide to the performance of an operation which appeared justifiable. Shortly after he died in Chicago

after an operation the nature of which we have not learned.

Gazing at the sun for a prolonged period of time will produce a temporary blind spot. Snow blindness due to the glare of the sun on a large surface of snow is largely an affection of the lids and the conjunctiva as there is lacrymation and photophobia with blepharospasm. Those engaged in electric welding may have electric ophthalmia due to the production of a central blind spot.

Scintillating scotoma or transitory hemianopsia is a transient loss of sight in symmetrical portions of the field of vision and last from a few minutes to a half hour. Migraine may be absent.

Every winter one or more students at the Ensworth Medical College consult me in this connection. Hemianopsia or permanent blindness involving half of each field may occur suddenly and is due to a lesion at the chiasm, at the centre of vision in the cortex, or between the two places. The reaction of the pupil to light can not be depended upon, because if the lesion is behind the corpora quadrigemina, the pupil will still react, although the patient is blind. Cataracts are sometimes discovered when the examinations are made for other purposes.

Recently I have examined a case for unilateral blindness for the Pension office in a claimant who was in the service only six weeks and then discharged. His blindness was due to a demonstrable congenital malformation of the macula lutea.

We have all had experience in medico-legal cases. I have seen quite a number of cases in court during the past twenty years, when the patients declared they could see before the injury but not immediately after, and yet the fundus revealed a marked optic atrophy, or the smooth choroid was replaced by a white patch. It takes at least a month or more for these degenerative changes to become visible.

A farmer from Nodaway County upon whom I had performed a successful operation for traumatic cataract in 1895 presented himself at my office in 1896 with the following history: While plowing in the field he suddenly lost the sight of his best eye, but he had no pain. On examination I found an embolism of arteria centralis retina.

Dr. T. H. Doyle referred a case to me about five years ago of a man who had suddenly become blind, and who on examination was a case of complete detachment of the retina.

The patient's only chance is to dislodge the obstruction immediately because the

ganglion cells must be nourished by the retinal vessels or rapidly degenerate. The retina is firmly attached at the optic nerve entrance, and anteriorly in the ciliary region, and the retina is elsewhere held in position by the vitreous body. This anatomic fact accounts for detachment of the retina in posterior staphyloma, in addition to a fluid vitreous in myopia, and its concomitant pathological conditions.

In an exudation into the retinal tissue we must remember its highly specialized structure, and that it rapidly degenerates under pressure or inflammation. This suggests the great importance of a correct diagnosis when first consulted in these cases of sudden blindness. Unfortunately, we often meet these cases when they have become hopeless.

An operative treatment has been introduced in optic neuritis.

Horsley insists that the prime factor in the development of optic neuritis is a rise of intracranial pressure, and that the actual effect of the toxins on the nerve is not known. Even in uremic conditions the brain is found swollen, turgid, engorged. The relief of intracranial pressure arrests and cures the neuritis according to Horsley. Duane in Fuch's ophthalmology, says that the part that increased intracranial pressure plays in causing choked disk is evident from the fact that often the swelling of the papilla diminishes directly after the pressure has been reduced by lumbar puncture. The successes have been achieved in meningitis serosa, and the operation has been palliative in inoperable tumors.

We await anxiously more light on the subject.

Diseased conditions must be recognized by those who are trained for it, and prayer alone is helpless to assist the speedy removal of an exudate, an hemorrhage or toxins, and thus to prevent blindness. The imaginary sick will recover by any and all means, and this gives confidence only to the uninformed.

Gentlemen, this is an age of prevention. We must continue to live up to the noble tradition of the medical profession in achieving the very best that we are capable of, disregarding the selfish interruptions of the designing, the many jibes of the historically kaleidoscopic fads of some well meaning but beguiled mortals, and work shoulder to shoulder as a united profession for the physical welfare of mankind.

"He who wishes to exert a useful influence must be careful to insult nothing.

Let him not be troubled by what seems absurd, but let him concentrate his energies to the creation of what is good. He must

not demolish, but build. He must raise temples where mankind may come and partake of the purest pleasures."

613 Francis street.

NEURITIS.

WM. F. WAUGH, M. D.

CHICAGO.

In a recent number of the MEDICAL FORTNIGHTLY, Dr. Hale speaks of the treatment of facial neuralgia by alcohol injections. His formula contains a little cocaine, 1 gr. to 4 drams, ten minims of chloroform, three drams of alcohol and water sufficient to make half an ounce. Of this he injects 30 minims.

I concluded to try this remedy in the following case: The patient, a man aged 35 years, had had the right limb removed at the hip-joint, six years before. Since that time he had suffered constant pain, necessitating the use of morphine to the amount of four grains per diem. Examination showed local tenderness about the sacrosciatic notch. Dr. Hale's solution was injected as closely as possible to the notch. The effect was disappointing, the relief being trifling, but the action of the one-eighth grain of cocaine was to completely suppress sleep for the following night.

The patient was placed upon the usual eliminative treatment, and the daily doses of morphine decreased as the need subsided, so that in a few days this drug was entirely laid aside. It was then found that physical exertion invariably induced the pain, which was located in the cut extremities of the nerve and their cutaneous distribution. Relief followed a hypodermic injection of gelseminine hydrochloride, 1-50 grain, in the same location as that in which the alcohol injections had been given. In fact the relief from the gelseminine was greater than that which had previously resulted from the large doses of morphine.

Every effort I have made to widen the field for the application of gelseminine serves to confirm the impression, that we have in this potent agent a remedy from which we may obtain many of the desirable effects of morphine with none of its disadvantages. There is absolutely no danger of a habit, nor has anything occurred to indicate that a gelseminine habit would be objectionable, since there are no ulterior effects. I have as yet been unable to elicit drooping of the eyelids from this remedy, my maximum dosage of it having been 1-50 grain every two hours for seven doses. In smaller doses than this,

however, it occasions dryness of the mouth; and I look upon this as the indication for full physiologic dosage, rather than the ptosis. Like veratrine, gelseminine favors elimination, by relaxing vascular tension. It is the one remedy concerning which habitues will actually acknowledge that they obtain that relief which, as a rule, these persons will not admit as following any other drug but that to which they have been accustomed.

FOOD PRESERVATIVES.

H. L. HARRIS

NEW YORK.

THE question of food preservatives is prominently brought to the public mind by the recent decision of the Referee Board in reference to benzoic acid, which it declared non-injurious when used in the quantities necessary to preserve food. It seems to be the general opinion that the Referee Board's report will nullify the Pure Food Law, and that Dr. Wiley's conclusions in reference to food preservatives should not be questioned. The Referee Board, however, is composed of the most eminent American scientists, and whatever conclusions they arrive at should be considered as authentic as a decision rendered by the Supreme Court of the United States.* The public has long been led to believe that the ancient preservatives, such as salt, sugar, vinegar, alcohol, spices, etc., are not chemicals, and that they are natural food preservatives, and that modern preservatives, such as borax, boron compounds, benzoic acid, etc., are unnatural preservatives and poisonous substances, not suitable for the preservation of perishable articles of food. The ancient preservatives, however, are chemicals, and are so defined by the United States Dispensatory. The chemical names of these ancient preservatives are as follows: Salt, chloride of sodium; sugar, saccharum; vinegar, acetum; alcohol, alcohol; pepper, pimenta; mustard, sinapis.

As it is impossible to supply fresh food at all times, various methods of preserving same must be resorted to. Salt has been used for ages to preserve food. Farmers' Bulletin, 183, page 29, says:

"Salt is an astringent, and when applied alone to meat renders it very hard and dry. Its action is first to draw out the meat juices. In a few days it will contract and harden the muscle fibres, thus shrinking the volume of meat."

* Recent press reports state that the government has given the Referee Board this status.—Editor.

From this quotation it can readily be seen that salt is not an ideal preservative. All of the ancient preservatives change the flavor, texture and digestibility of food. Vinegar, mustard, pepper and spices in general do not belong in a rational dietary. They are irritating to the mucous membrane, and in stimulating the appetite they cause over-eating, which is far more deleterious to the system than undereating. Modern preservatives are comparatively tasteless, consequently they do not alter the flavor or texture of food products, and on account of the small quantity of modern preservatives required they do not disturb digestion as the necessary larger quantities of ancient preservatives have a tendency to do. The general supposition is that benzoate of soda has the power to transform partially decayed skins and pulp of tomatoes into the appearance of sound, wholesome fruit, and that borax and boron compounds are used to restore meat, butter, and other articles of food that are partially decayed, so as to change their appearance, thereby causing the consumer to believe they are fresh, first-class articles of food. Such is not the case, however. Modern preservatives are not used to mask inferiority. They are used to preserve, intact, fresh food and keep it in an hygienic condition until consumed.

The absolute necessity of preserving perishable articles of food is shown in the increased number of ptomaine poisoning cases which have occurred since the enactment of the Pure Food Law. According to press dispatches there have been in the United States, since the Pure Food Law went into effect, 12,716 cases of ptomaine poisoning, 433 of which were fatal. If we are to have pure food, food that will reach the consumer in a sweet, wholesome, edible condition, such foods that readily deteriorate so as to become poisonous substance must be preserved in order to protect the health and life of the consumer.

BACILLUS OF LEPROSY CULTIVATED.—Cable dispatches from Manila, March 28, announce that Dr. Moses Clegg, bacteriologist of the Bureau of Science, Manila, has succeeded in making five successful cultures of the bacillus of leprosy, and has carried them through successive generations. Dr. Clegg is said to have obtained organisms from both living and dead lepers. He has been equally successful in making cultures from amebic dysentery, and is said to have established a sybolic relationship between the germ of the two diseases.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

THESE be the days of looking into things which are. We have abundant proof that our readers are intelligently discriminating in all their affairs and the numerous expressions of approval of certain editorial utterances in the FORTNIGHTLY lead us to the conclusion that there is no general delusion as to the situation in organized medicine. We had several points, which we thought good, on which we had purposed to discourse in this issue, but the editorial of our friend, Dr. Thos. H. Hawkins of the Denver Medical Times has caught our attention, and we feel that we are abundantly justified in reproducing it as a substitute for anything of our own. Under the above caption he says:

"In the Heraclitean flux of mundane affairs, is it not usually the unexpected which happens? When our homeopathic confrere, Dr. George H. Simmons, then editor of the Western Medical Review (Lincoln, Nebraska), was wont to do us the honor of appropriating divers of our brain fruits, little did we opine that within a short decade he would have become the political manager and near-dictator of the American Medical Association. Under the fructifying influence of Dr. Simmons' potential political virility, the A. M. A. journal became a ma for certain, giving precipitate birth to a full litter of echoing state journals.

"Of medical periodicals there are three classes: (1) Gratuitously distributed trade publications, such as the Therapeutic Notes of Parke, Davis & Co. One can always glean minor practical points from these, and in general there is little if any attempt to deceive, however restricted the scope of the reading matter. (2) Independent medical journals. Some of these are owned and

edited by a medical man or a company of physicians, just as Virchow's Archives was, but the most prominent ones are gotten out by large publishing houses. (2) Official organs of state (and county) medical societies, paid for and managed (through its representatives) by the association as a body. These organs, still in their infancy, are disposed to make faces at their elder independent brethren. The proposition, originating from the inner circle of the A. M. A., that medical societies should publish all medical journals and books, lest some layman should make money thereby, would, if carried to its logical conclusion, compel medical men to set the type themselves and even dig from the mines the metal to make the types. Besides, publishing is like the mercantile business—many are called, but few are chosen to succeed.

"The official organs represent, with few exceptions, state medical societies, printing the papers read therein and the discussions thereon, and so replacing the former bound volumes of transactions. If this were all, there would be little excuse for the existence of these journals, since the former way was cheaper and more timely and convenient. But the distinctive office of the organ, in our opinion, is to bind together the constituent county and district associations in one harmonious whole, through regular reports of the proceedings and of the doings of and happenings to their members. As regards the papers read before the lesser associations—most being of as much practical value as those read before the state associations—it would be manifestly impossible for the state organ to print all of them, unless at a prohibitive cost.

"The independent medical journal gives printed expression not only to these articles read before societies, but to many other original ideas and helpful resumes. It has the great advantage of not being trammelled by authority, which, speaking generally, ever since the world began has laid a load on progress. We publish in the present number a contribution with whose conclusions we do not concur; but that should make no difference with an independent medical editor, as it might with one dependent upon the will and favor of a coterie, however high-minded and well-meaning. The independent journal ought to be above all things a forum for truth and justice—non-partisan, non-political and open to the light. It is true that such a journal (like all non-subsidized periodicals) must carry advertisements (censored in the Denver Medical Times by the editorial committee), but the organs carry the same ads, or at least about

as many of them as they can get. Our subscription list is constantly growing, but there are always some doctors (just like other people) who can see nothing good nearby. God forbid that they should do anything so unethical as to pay out one dollar per annum for their home medical journal!

"A comparison of a good independent journal (say the Medical Record or the New York Medical Journal) with a state organ is never to the disadvantage of the former. As Editor James P. Warbasse of the New York State Journal of Medicine (December, 1908) acknowledges:

"The old and substantial medical journals in this country, which are the repositories of the best medical thought, are under the business control of well established business houses. Such a condition makes for permanence. Here the success of the publication is the aim. A fixed policy prevails, even though the personnel of the controlling power changes. But with publications controlled by societies there is a lack of fixedness of policy * * I have no hesitancy in predicting that state journals which are edited by committees will always lack bowels."

"The editors of the smaller state organs are prone to traduce independent journals by calling them commercial and non-ethical. Take the following as an example from the Texas State Journal of Medicine:

"These journals might do a useful work. We wish these well, but they must clean house or be labeled 'infectious' and be shunned by the profession."

"The admonition to house-cleaning refers to non-official proprietary remedies which have not been sanctioned by the Council on Pharmacy and Chemistry of the A. M. A. This body of druggists and chemists are, we believe, honest and competent, but that they should be infallible or even wholly free from partizanship would surpass human nature. On one product at least they have already changed their decision. Apropos of pharmaceutical infallibility, read the following from Lydston's letter on medical politics in the January issue of the Texas Medical Journal:

"The most virulent infection that has ever attacked the body social, the worst enemy progress has ever encountered, the black beast that has spit venom and fire and blood upon poor, helpless humanity through all the ages, has been the dogma of infallibility. Time was when we were wont to associate this horrid spectre of the bloody hand, pillory, roasting bee, axe, gallows, dungeon, exile and ostracism with orthodox theology, fondly hoping that it was dying in the stew of its own corruption. Let us hope that the monstrous all-devouring thing has not sprung to life again under a mask most deceiving and with arguments most wily and plausible. Let us hope that the infallibles of the A. M. A. will not eventually prove to be lineal descendants of a long line of bigots and stranglers of intellectual individuality, and let us further hope

that they will not one day impale us on a pin and stick us on the wall that our impotent struggles and ineffectual squawks may make a holiday for pharmaceutical Neros. I confess to some misgivings."

"There is probably not an active practitioner who does not at some time use a proprietary preparation which has not been granted the official approval of the Council on Pharmacy and Chemistry. Concerning the official substitutes of the N. F., druggists know better than physicians that, if any demand comes, they will not make these products themselves, but will buy them of the factories—usually, no doubt, where they can get them most cheaply. As to the truth of this statement, bear witness a friend of pharmacy, George H. Meeker, Phar. D., LLD., (Rocky Mountain Druggist, Dec., 1908):

"Today the rule in pharmacy is as the rule in every other industry. Large specialized factories are producing the best goods at the lowest prices, and the traditional drug store laboratory is a cherished memory of the older pharmacists with which they delight to taunt the novice of today. True, we have a recrudescence of activity through the propaganda for National Formulary preparations and against proprietaries, but the field is narrow, and so far as concerns the drug store laboratory, methinks like the sudden brilliant flaring of an expiring flame. If Blank's cryptic concoction be replaced by its N. F. equivalent, and the demand for the N. F. preparation be profitable, then in the end the net result is Blank's loss of his business and the druggist's purchase of the N. F. preparation from his favorite factory. Such are the unsympathetic ways of commerce, and we must, in this case, be content that we have accomplished the elimination of Blank with a corresponding improvement of the physician's ethics. Our present remnant of the drug store laboratory is, as in the past, essentially a manufacturing laboratory. It is of limited and rapidly vanishing scope, because the small local laboratory man cannot successfully compete with his rivals, the great and highly-organized factories."

"The common cry among the state organs is that the independent journals are "commercial" and "non-ethical." If we should endeavor to compete editorially in advertising solicitation with some of the editors of the organs, we should be predestined to defeat. Peruse this except from the Journal of the Indiana State Medical Association:

"Read the advertising pages of the Journal and then make it a point to patronize the advertisers whenever you can consistently do so. An occasional letter to the advertisers, saying that you are patronizing them and that you appreciate the fact that they are advertising in the Journal, will go a long way toward making them feel that their money spent with us is bringing returns. This means something to you in the way of securing a larger and better journal."

"And this from the Journal of the Kansas Medical Society:

"The time is not far distant when this Journal will eliminate its questionable advertising and follow the recommendations of the Council of Pharmacy of the American Medical Association. To compensate for the loss which will be sustained by this procedure, every member of our society should interest himself in helping to get reputable medical colleges, hospitals, sanitariums, medical book publishers, ethical pharmaceutical manufacturers, surgical instrument makers, etc., to advertise in its columns. You are stockholders in this Journal, and, as such, are interested in its welfare. By helping just a little, it will not be long until the Journal can support itself by the advertising alone."

"And this from the California State Journal of Medicine:

"We have secured an advertising agent in New York and another in Chicago, both of whom are acting for some fifteen state association journals, and in due course we may expect to receive some new business from these sources; in fact about two pages of advertising have thus been secured."

"And the following very ethical effusions by the editor of the Journal of the South Carolina Medical Association:

"This Journal needs money, and the way to get it is to increase the advertising patronage. We are doing this slowly, as advertisers wake up to our extraordinary advantages, but it must be done faster, and this can only be accomplished through the help of all our Association members. Give our advertisers preference every time in your purchases, even if the bill is not over a quarter; and flatly refuse to trade with those houses that do not patronize your own publication. * * Support your Journal and its advertisers, and don't fail to tell every traveling salesman who comes to your office that the way to commence to do business with the doctors of South Carolina is to make an advertising contract with your Journal."

"The publishers of the Denver Medical Times are not angels—not yet—but they have never found it necessary to employ boycotting or blackmailing tactics in order to do business. If they should ever feel it incumbent upon them to copy certain state journals in this respect, they may get another editor

"We have had the advertising columns of the January, 1909, issue of all our exchanges among the official medical organs gone over and marked as to proprietary products mentioned by name which are not found in the list of new and non-official remedies given in the first number this year of the Jour. A. M. A. These marked journals will be kept on file at the office of the publishers, for inspection by anyone who may desire to confirm or refute our count. We ask in all sincerity, why should the organs deblaterate against independent medical journals for publishing the same advertisements as they themselves take pay for?

The Journal of the Kansas Medical Society—six non-sanctioned products.

The Journal of the Michigan State Medical Society—seven non-sanctioned products.

California State Journal of Medicine—two non-sanctioned products.

New York State Journal of Medicine—twelve non-sanctioned products.

The Journal of the Vermont State Medical Association—fourteen non-sanctioned products.

The Journal of the Indiana State Medical Association—eleven non-sanctioned products.

The Journal of the New Mexico Medical Society—no non-sanctioned products.

St. Paul Medical Journal (Ramsey County Medical Society) eighteen non-sanctioned products.

New Orleans Medical and Surgical Journal (state and county) twenty-seven non-sanctioned products.

Western Medical Review (Nebraska and Wyoming) ten non-sanctioned products.*

"I make no mention of Colorado Medicine in this list, for the reason that the members of its publication committee are my personal friends, and I would not tread on their corns, if they have any, for the world.

"The official medical journal has probably come to stay. Its continuance will depend largely on the peculiarly American fact that people will complacently submit to having their pockets picked of two dollars by indirect taxation (as by the 'protective' tariff) rather than pay out one dollar directly. More than this, the tendency to officialism in medical literature may easily be one of the early waves of that great flood of socialism which Herbert Spencer has characterized as the 'coming slavery' a reversion of the type of ancient Peru, so picturesquely described by Prescott, where no man went hungry and none was free.

"The Denver Medical Times was never in so good form as at present, thank you, but let us exercise our imagination as to what may be the state of things in the future. Suppose the medio-political system inaugurated in Chicago has won the day and all the independent medical journals have been suppressed or have died of inanition; likewise all independent medical book publishers (according to the purpose of Drs. Simmons and McCormack, already expressed in the year 1908). The Medical Inca is on his throne in all the 'insolence of office,' his satraps throng the hall, and over the length and breadth of the land medical men whisper his name with fear and trembling. They must think according to the mandates of the Inca. They must treat typhoid or pneumonia all alike, or lose their right to practice

medicine. Any new idea which does not conform with the narrow preconceptions of the privileged inner circle is summarily extirpated. Cast as in ever hardening cement, the system is a formal and rigorous institution for the benefit of the few and the oppression of the many. Given such a possible outcome of the present trend of medico-political matters, will not some gray-haired veteran of that day to come draw his sleeve (properly sterilized) across his eyes, and murmur to himself, 'The Denver Medical Times wasn't such a bad journal after all?'"

TUBERCULOSIS AMONG THE JEWS.—Maurice Fishberg, of New York, takes up the question of racial immunity of the Jews to tuberculosis. He considers that this immunity is not due to their habits of life and diet, as far as connected with the Jewish ceremonial, nor to the inheritance of pure Jewish blood, but to a kind of immunity rising from the fact that town dwellers become less liable to tuberculosis after years and generations of residence in towns, which he thinks has been the case with the Jews for centuries. Examination of statistics from various countries shows that the Jew all over the world is less susceptible than other nations to tuberculosis, even when their conditions of life are the same with those around them. The Jews of New York are most of them garment workers, and their ancestors have been garment workers and dwellers in towns for generations. The same sort of immunity is thus acquired as is acquired by nations to other infectious diseases.—Med. Rec.

PENNSYLVANIA CHILD LABOR BILL PASSES.—With only two votes against it out of a possible 188, the child labor bill was passed in the house March 31. One of the new features of the bill is its prohibition of the employment of minors, less than 18 years of age in furnaces, tanneries, dynamite and powder factories or in other hazardous places. Further, it is made unlawful to employ minors, less than 16, in the manufacture of paints, acids, matches or in tobacco factories. Minors less than 14 are to be employed in any establishments, and those between 14 and 16 must have a rudimentary knowledge of English, be physically capable and have a employment certificate, issued by the school authorities. They shall not be employed more than ten hours in any one day, or after 9 o'clock at night, or more than fifty-eight hours in any one week. Penalties for violation of law range from a fine of \$10 to \$50, or 10 to 90 days in prison or both.

*The Journal of the Missouri State Medical Association is as great an offender as any of these.—Editor Medical Fortnightly.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Pneumococcus Influenza.—Curshmann (Münchener Med. Wochenschrift, Feb. 23, 1909) treated 109 cases suggestive of influenza in his clinic during a recent epidemic. In 77 of these cases the symptoms and course were typical of true influenza. Bacteriologic sputum examinations were made in 49 cases. In 46 cases the pneumococcus was isolated, while in each instance the influenza bacillus was absent. In a few cases there was a mixed infection of the streptococcus and staphylococcus. The tubercle bacillus was found in two cases with a pre-existing tuberculosis. In 20 of these cases inoculation of mice caused typical pneumococcus septicemia, the animals dying in one to eight days.

Detection of Blood in the Feces.—Messer-schmidt (Münchener Med. Wochenschrift, Feb. 23, 1909) says there are stools containing blood, particularly in old persons, where the guaiac test fails to give a positive reaction. For this reason the test is not to be considered reliable as only a positive reaction is of value. The author recommends the following modified benzidin test: A knife point of benzidin is dissolved in 2 c.c. of glacial acetic acid, this solution is to be freshly prepared each time on account of its instability. A piece of feces about the size of pea, or if the stool is fluid $\frac{1}{2}$ c.c. is dissolved in 2 c.c. of water to which several drops of glacial acetic acid are added. To 3 drops of this solution of feces are added 1 to $1\frac{1}{2}$ cc. of a 3 per cent peroxide of hydrogen solution. One or 2 c.c. of the benzidin solution are now added to the above and the mixture slightly shaken. In the presence of blood or its derivative a green to dark blue color appears in a few seconds.

The Von Pirquet and Moro Tests in the Diagnosis of Tuberculosis.—Christian (American Medicine, March, 1909) details the technique of both tests and the reactions obtained in three hundred individual cases equally divided between the von Pirquet and the Moro tests. Over 500 cases have been previously tested by Calmette's method which with these make a total of over 800 cases. Apparently all three reactions are of equal value provided that care is taken to secure absorption of the tuberculin. It is readily seen that this is more difficult and perhaps less certain in the Moro than in the

others. The reactions are practically constant in all tuberculous lesions. The one exception is the negative results in the advanced cases: this, however, does not impair their value as a diagnostic agent. No systemic effects have resulted from the tests and the local symptoms have not been distressing. They are almost nil in the Moro test and caused but little discomfort in the von Pirquet. Some observers have reported alarming ocular symptoms from the Calmette test. These have yet to occur in the author's series. The extent of the reaction is no index of the severity of the lesion. Whether there is any relationship between the severity of the reaction and the probable prognosis is as yet a debatable topic. The tubercular tests are apparently of as much value in the diagnosis of tubercular conditions as is the Widal test in the determination of typhoid.

Purpura Hemorrhagica; Is It Caused by the Colon Bacillus?—Maher (Medical Record, March 20, 1909) asks this question in consequence of a fatal case in which the blood was examined with the following results: 1. The recently extravasated blood of this case of malignant purpura hemorrhagica contained clumped in its leucocytes bacilli having the cultural and other characteristics usually ascribed to the colon bacillus. 2. The bacilli isolated either from the fresh or from the old blood had the power on intraperitoneal injection into guinea-pigs, not only to kill the animals in a few hours, but to produce on the wall of the intestines and stomach purpuric patches identical in appearance with those that characterized the disease in the human body. 3. This power to produce purpuric patches on the walls of the intestines of the injected animal was striking and constant, even after the bacillus had passed through a series of four guinea-pigs. 4. This power was diminished in the cultures that had been kept for eight days or more in the incubator, although the keeping of the cultures fourteen days in the incubator did not lessen the pathogenicity of the bacillus. 5. The white rat, though more resistant to the first cultures of this bacillus succumbed exactly the same way as the guinea-pig when injected with the bacillus that had been through four guinea-pigs. 6. The colon bacillus, although usually fatal to injected guinea-pigs, does not kill so quickly, and does not cause the appearance of purpuric patches on the intestinal and stomach walls of the injected animals.

The Goat.—Minney (Jour. of the Kansas Medical Society, January, 1909) emphasizes the value of goat's milk. He says the goat

is freer from disease than the cow, and particularly from tuberculosis, and hence goat's milk is more sanitary than that of the cow. The milk is more ordinarily like human milk, in the minuteness of its fat globules, and the same in casein. It is more easily digested than cow's milk, and hence is better for infants and invalids. Goat's milk is economical and in the reach of the poor, and there are few families that could not afford to keep one or two milk goats, thus solving the infant problem and helping to prevent the spread of tuberculosis.

Menstrual Hepatic Enlargement.—Chvostek (Weiner klinische Wochenschrift, Mo. 9, 1909) has made numerous clinical observations in women during their menstrual period. His observations lead him to believe that there exists an inter-reaction between the function of the female genital organs and the liver. He noted, without exception that immediately following a cessation of the menstrual flow a transitory hepatic enlargement which he attributes to a hyperemia due to the action of the products of an intestinal ovarian secretion.

The Cammidge Reaction in Diseases of the Pancreas.—Francis P. Kinnicutt of New York says (Med. Rec., April 10) that Cammidge believes that in inflammatory diseases of the pancreas there is excreted by the kidneys a substance which on hydrolysis yields a body giving a pentose reaction, this substance not being found in lesions of other organs. This consists of golden yellow crystals. In the Presbyterian Hospital, during fifteen months, this test has been applied in all cases of pancreatic disease, cholelithiasis, cholecystitis, and diabetes. In the thirteen cases giving positive actions an inflammatory lesion of the pancreas was demonstrated at autopsy in four; at operation in two cases. The author concludes that a review of the studies of this subject shows that in clinical and experimental pancreatic disease, while the pancreatic reaction is not pathognomonic, it is very suggestive of pancreatic disease.

The Rational Treatment of Tabes Dorsalis in Relation to its Pathogenesis.—Tom A. Williams, of Washington, D. C. (Med. Rec., April 10), gives the causation of tabes dorsalis as chronic meningitis about the roots of the radicular nerves, at the point where they receive the meningeal sheaths. This is usually of syphilitic origin. Parts destroyed will not be regenerated, but inflammation may be removed and exudations absorbed. Both anterior and posterior roots are affected, but the anterior roots more effec-

tively regenerate, and motion is most affected. The most important thing is an early diagnosis, before permanent injuries have been sustained. To give mercury by inunction or by mouth is uncertain. The only secure way is to give it by hypodermic injection. Paresis and sclerosis are open to the same treatment.

SURGERY.

Malignant Tumors of the Tonsils.—To determine the frequency and importance of malignant tumors of the tonsils, Dr. George Bacon Wood has examined the literature on the subject published since 1884 and gives the result of his labor in a paper appearing in the Pennsylvania Med. Jour. for March, 1909. He found 69 cases of sarcoma, 64 of carcinoma and one of endothelioma. The varieties of sarcoma were fibrosarcoma, alveolar sarcoma, lymphosarcoma, angiosarcoma and round-cell sarcoma. There were no reported cases of giant-cell sarcoma or melanotic sarcoma. The lack of detail in the various articles made it impossible to give any positive statistics concerning the variety of carcinoma, but probably the large majority were squamous epithelioma. By far the greater number of patients were males; this was especially true concerning carcinoma, there being 42 males and 6 females; in sarcoma there were 34 males and 22 females. The statistics show that sarcoma may occur at almost any age, while cases of carcinoma below 40 years of age are very rare, the majority being above 50 years old, and that carcinoma of the faucial region is much more apt to involve the surrounding structure than is sarcoma. Sarcoma has a tendency to remain limited to the capsule of the tonsil, and only when it breaks through does it involve the pillars of the fauces and other surrounding structures. A peculiar characteristic of sarcoma of the tonsil is that it shows a very strong tendency to give metastasis to the lymph glands, equaling in this respect the lymphatic metastasis of carcinoma. This fact is important to remember in making a differential diagnosis of malignant diseases of the tonsil. Treatment of malignant tumors of the tonsil is purely surgical. The X-ray, as a rule, does not seem even to retard the growth. The results from operation are not, as a whole, satisfactory, although a number of cases have been reported cured; one, a case of carcinoma, has remained twelve years without recurrence. Of the two operations, by the mouth or externally, the former is safest. According to the statistics col-

lected, the external operation is much more fatal giving about 13 per cent of deaths from operation. There were no fatal cases resulting directly from the operation through the mouth, except in three instances. The choice of method depends upon the extent of the disease.

An Error in the Method of Draining the Peritoneal Cavity for General Peritonitis.—In the *International Journal of Surgery* for March, 1909, Dr. T. C. Witherspoon calls attention to what he says is a very common error in draining the peritoneal cavity for general peritonitis resulting from appendectomy or other cause. The error consists in draining the peritoneal cavity out of the pelvis through a criss-cross incision. Such a drain must necessarily pass through the pelvic basin between the bowels and the lateral wall. This must produce adhesions of a very dense, tight character between the bowel loops and the unyielding peritoneum covering the pelvic fascia. In turn, this leads to kinking or inflammatory narrowing of the bowel at this fixed point, which is apt to result in occlusion, a complication as serious as the previous condition and necessitating a second operation. The author used this method himself until he became aware of the danger, but of late has made it a practice to remove the appendix in all cases where it is responsible for the general peritonitis, through a criss-cross incision, protecting the bowels from manipulation with gauze sponges while doing so. After dealing with the appendix appropriately, a puncture is made just above the bladder upon the index finger of the left hand introduced through the criss-cross wound. A glass tube is easily passed through the puncture and carried into the pelvis, guided by the finger. This places the drain between the bowel loops and the posterior bladder wall. No attempt is made to sponge away the pus, but it is simply allowed to flow through the tube. This drain is all sufficient to handle the pus from the general peritoneal cavity when the patient is placed in a good Fowler position. The drain placed about the head of the cecum quickly superinduces adhesions which close off this portion of bowel from the general cavity and fixes the cecum alone to the lateral wall of the false pelvis. It has been extremely gratifying to note how rapidly the patient's condition improves after this method of surgical handling. As to the efficiency of this method of drainage there can be no doubt, and attention is called to the uselessness and danger of the double drain of the pelvic basin. A drain should never be placed so as

to cause fixing of a bowel loop to the lateral pelvic wall.

Gastric and Duodenal Ulcer.—*Lancet-Clinic* of March 20, 1909, contains a valuable paper on this disease by Dr. W. D. Haines. Of the surgical treatment of the condition the author says that the treatment of typhoid fever, where perforation threatens, in vogue today, would almost be the ideal treatment for acute gastric and duodenal ulcer. This implies that one must be constantly on guard for perforation, and fully equipped for immediate operation should this emergency arise. Reports of the operative treatment of perforation of the stomach and duodenal ulcer illumine some of the most brilliant chapters in modern surgery. Perforation is one of the most serious emergencies in surgical experience, and operation should be done as soon as possible after the diagnosis is established. The number of hours from perforation to operation will have a direct bearing upon the percentage of recoveries. The oculist long ago observed that a corneal ulcer which perforated healed more readily than one which did not perforate. Explanation is found in the relaxation which perforation affords to the tense tissues—rest. In imitation of this principle, an instrument is pushed through the crater in the surgical treatment of chronic ulcer, after which the varicose vessels immediately surrounding the ulcer are ligated and the margins turned in and secured by one or two layers of serous sutures. A gastro-jejunostomy to secure more complete rest completes the technic. End-results in the surgical treatment of chronic gastric and duodenal ulcer are, in the main, satisfactory, but the development of new ulcer, the recurrence of ulcer symptoms or malignant degeneration in the after-history of a small percentage of the cases of chronic ulcer subjected to gastro-jejunostomy, should admonish us that any operation devised solely for the relief of faulty stomach drainage is not a causal operation, and that the more radical procedure of Rodman, excision of the ulcer-bearing area, is the ideal operation for the relief of chronic ulcer. A greater operative mortality will follow this operation as compared with gastro-jejunostomy, the difference being from 2 to 4 per cent in favor of the latter, but all of this increased mortality is not due to the time-consuming heavier operation of excision; some of the deaths must be charged to unfamiliarity with technic.

Some Clinical Conclusions as to the Value of Vaccine Therapy in Surgical Injections.—In *Surgery, Gynecology and Obstetrics* for December, 1908, Dr. John C. Hollister gives

"a somewhat preliminary report" of the results of his investigations as to the clinical value of vaccine therapy. In almost all the cases the vaccines were given at stated intervals, regardless of opsonic index. Some 60 staphylococcus cases were investigated in all. Thirty-four cases were persistently treated, 12 of acne (face and neck); 15 of boils or large furuncles; 2 of empyema; 1 mixed infection with case of lupus; 2 fistula, mixed. Of the 34 cases 13 were cured, 38 plus per cent; 11 were somewhat improved, 32 per cent; and 8 were not improved, 24 per cent. The 8 cases showing no improvement were 4 of acne, 3 of boils 1, empyema (mixed lung tuberculosis). Twenty-five of above cases were treated with autogenous, and the others with stock vaccine. Of these 25 cases, 8 improved greatly, 32 per cent; 9 improved slightly, 36 per cent; making 68 per cent; 8 did not improve, 22 per cent. Of the 9 cases treated by stock vaccine 7 were cured and 2 were slightly improved. Forty-one cases of tuberculosis were treated carefully over sufficient period of time to draw clinical conclusions. Eight of these were generalized infections, 33, localized. Of these 41 cases, 29 were bone and joint cases, of which 6 had also other evidences of tuberculosis. Of all these 41 cases 28 or 70 per cent improved (15 greatly 13 slightly), 15 or 30 per cent were unimproved. Ten of the 13 unimproved were of the generalized type. In 5 cases, all of which improved very much, passive hyperemia was used in addition to the tuberculin. In 9 of the 15 greatly improved the beneficial effects of the vaccine were very marked indeed. In one case there can be no reasonable doubt that a life was saved (urinary tract infection with great emaciation, etc.). Experiments with the gonococcus vaccine had not been satisfactorily concluded and a report of these is promised later on. But one conclusion was reached, and that was that the vaccine is of no definite value in acute cases.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Blocking Stone in the Lower End of the Ureter.—J. J. Buchanan, of Pittsburg, Pa. (Med. Rec. March 20), says that the ureter has three points of narrowing at which stones may become blocked; these are one-half to two and one-half inches from the renal pelvis, where the ureter crosses the iliac artery at the brim of the pelvis, and about an inch from the entrance of the ureter into the bladder. The gravity of the condition varies with the size of the stone

and position of the constriction. A small stone may become tightly impacted in a stone may become tightly impacted in a constriction, while a much larger stone in a larger portion of the tube will allow of the passage of some urine by it. The symptoms vary with the location of the stoppage. They are lumbar pain of a colicky nature, or dull pain radiating into the inguinal region, retraction of the testicle, and blood in the urine. If the position of stone can be palpated this is an aid to diagnosis. Pain in the upper part of the penis is caused by calculus low down. If impaction is sudden a hydronephrosis may result, giving a tumor. This condition may simulate appendicitis very closely. The prognosis of impaction of calculus in the ureter varies with its completeness. In some cases by the use of large quantities of water the calculus is dislodged and expelled. The X-ray is a means of diagnosis of the greatest precision. The operation of choice is extraperitoneal ureterolithotomy. The author gives histories of three cases. Every part of the ureter can be exposed by the extraperitoneal operation.

The Principles and Technique of the Wassermann Reaction and Its Modifications.—Howard Fox, of New York (Med. Rec., Mar. 13), says that the principles of the Wassermann reaction for the detection of syphilis can be easily mastered. It depends on hemolysis; a hemolytic system consists of corpuscles, hemolytic amboceptor, and complement. Similarly a bacteriolytic system consists of bacterium, bacteriolytic amboceptor or antibody, and complement. The bacterium is called an antigen, because when introduced into an animal it causes the formation of antibodies. Using the bacillus of typhoid as antigen, the antibodies produced by its presence, and complement we may cause hemolysis. If the hemolysis occurs the reaction is negative and the patient has not typhoid. If hemolysis does not occur the reaction is positive and the patient has typhoid. This is the reaction of Bordet-Gengou. Guinea-pig serum is used as the complement. Wassermann made use of an extract of the liver of fetus, in whom spirocheta pallida was found, as the antigen. The reaction may be considered as taking place between certain lipid bodies and the antibodies existing in syphilitic blood. The author describes the method of preparing the materials necessary for the test. The blood serum and spinal fluid of the supposed syphilitic patient are used for the test fluids. The diagnostic value of the test must be viewed at present with caution. Efforts

have been made to simplify the test by Noguchi, the method of using which is described by the author. The test has been made use of by the author in forty-six clinically positive cases of syphilis, with a preponderance of positive results in those that showed evidences of the infection at the time of the test. Of twenty-one cases without evident manifestations at time of test fifteen reactions were negative, four positive, and two doubtful.

Renal Lavage. — E. Garceau, Boston (Jour. A.M.A., Jan. 23), presents the literature on the subject of renal lavage and reports some personal cases to show the present status of this mode of treatment. The technic is described in detail. He prefers the Kelly cystoscope and says that the operation is simple though some skill is required. The germ usually found is the colon bacillus, but the gonococcus and other germs have also been found. The solution which has given him the most satisfaction is silver nitrate beginning with a mild one of 1 to 2000 and gradually increasing the strength. The amount should depend on the condition of the pelvis and kidney. If there is no dilatation, not more than 8 or 10 c.c. should be given at first; the sensations of the patient will be a good guide in this as also in regard to the frequency of the injections. The method is seldom required and care should be taken in selection of cases. As a rule the patient should be under observation for a considerable time before it is undertaken. Acute pyelitis is not suited to this method. Free drainage of the kidney through the ureter must be secured. The most suitable cases are those of simple chronic suppurative pyelitis without obstruction, but most of these will get well anyhow unless the germ is a very virulent one. It may be used to cure an inflammation in a hydronephrotic sac as a preliminary to nephropexy, but the kidney should be supported meanwhile by an appropriate apparatus. It should never be permitted in severe pyonephrosis with general systemic infection and it is not suitable for tubercular pyelitis or pyelonephritis. It does little or no good in ureteritis with marked tissue changes in the ureter tending to sclerosis and thickening. The only positive remedy for such chronic cases is nephrectomy. A permanent catheter in the ureter is dangerous, especially with acute infection and general symptoms. Renal lavage is seldom followed by serious harmful sequels if properly performed in the right sort of case, but further experience is needed to give the method a definite therapeutic standing.



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THE Woman's Medical School at Shanghai, China, recently awarded diplomas to six graduates. The school was founded a little more than three years ago, and during the past year there were thirty students. At the commencement exercises, each of the six graduates read an essay, two of them in English.

VENEREAL DISEASES AND BLINDNESS. — L. W. Dean (Iowa Med. Jour.) has found, as the result of the examination of 157 children in attendance at the College for the Blind, that 26 or 16 per cent owe their blindness to blenorrhea neonatorum, and that 25, or about 16 per cent, to hereditary syphilis. He notes a gradual decrease in the number of cases of blindness due to the gonococcus during the past ten years, and attributes it to a more general adoption of prophylactic measures by the accoucheurs of Iowa. Syphilis, in the author's opinion, is responsible for more blindness than gonorrhea.

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MEDICAL MEMORANDA.

When Moments are Golden.—There are times in the experience every of practitioner when moments are precious—emergencies when there is not an instant to lose. A patient, let us say, is writhing in pain. To alleviate his suffering, the physician must act promptly and with precision. Dependence, in such a crisis, is usually upon a single little hypodermatic tablet. And that tablet—will it justify the faith? Is it medicinally active? Is it of full strength? Is it soluble? These become living questions. Too much stress cannot be laid upon the importance of solubility. And let it be remembered that flying to pieces in water is not the requirement. Many tablets do that—fine, undissolved particles settling to the bottom. This is mere disintegration, not solution; and such a tablet cannot be depended upon to yield the results that the practitioner desires and expects. Obviously, the physician should exercise care in choosing his hypodermatic tablets. Let his source of supplies be a house with a reputation for making tablets that are stable, active and of uniform strength; tablets that dissolve promptly and completely. Let him search out a brand of hypodermatic tablets that meet all of the requirements above set forth, let him specify that brand! The largest manufacturers of hypodermatic tablets in the world are Parke, Davis & Co. The hypodermatic tablets of this house are true to label. They are soluble. The materials entering into them are rigidly tested for purity and activity. Parke, Davis & Co.'s hypodermatic tablets are thoroughly trustworthy. Physicians will make no mistake when they specify them on their orders.

The "Personally Conducted" School Girl.—In a recent issue of one of our prominent medical journals appeared an article from the pen of a well known pediatricist, entitled "The Personally Conducted Baby." While the importance of a sedulous and careful attention to the needs of the growing infant cannot be over estimated, it is usually important that the physical requirements of the adolescent school girl should be carefully looked after during the impressionable and formative period of life incident to the initiation of the menstrual epoch. "The Personally Conducted School Girl" is more likely to successfully weather the stress and strain of the modern educational system than one who is not so carefully guarded. Regularity and system are the essential requisites of success. Hurried and irregular meals, the eating of an undue amount of pickles and condiments, too frequent indulgence in candies and sweets, should not be allowed. Habitual constipation should not be allowed to continue, and sufficient exercise in the open air should be insisted upon. The bedroom window should always be freely opened at night, and late hours and exciting entertainments should be avoided. In spite of all hygienic precautions, however, the school girl is likely to become more or less chlor-anemic. In such cases the irritant forms of iron are worse than useless, because of their disturbing effect upon digestion and their constipating action. Pepto-Mangan (Gude) is free from these disadvantages and can be given as long as necessary without producing intolerance or gastro-intestinal derangement. Periodical blood examinations will evidence the prompt and progressive increase of red cells and hemoglobin, and the gradual return of color will show the general improvement of the patient.

Utero-Vaginal Catarrh.—(By Louis P. Reimann, M. D., Philadelphia, Pa.)—During the past two years I have experimented with glyco-thymoline in the treatment of some of the catarrhal conditions which affect the female genitalia. The splendid results which I obtained on the naso-pharyngeal mucous surfaces led me to try it on the mucous surfaces where the conditions were substantially the same. Actual clinical experience has proven to my satisfaction that in glyco-thymoline the practitioner has at his disposal a remedial agent which in my opinion is unquestionably superior to the topical applications which I formerly employed. Without fear of contradiction I can say it is by far the best deodorant ever put in a purulent vagina. Under its influence the character of the discharge is rapidly altered and that comfort, relief and freedom from malodor which is of so much importance to the female patient, is secured. Glyco-thymoline, by reason of its peculiar composition, produces the rapid depletion so desirable, cleanses the surfaces and maintains an aseptic condition of the parts. As an irrigation for the uterus and vagina, solutions of 10 per cent to 25 per cent are most desirable. When the uterus is highly congested an intrauterine irrigation of pure glyco-thymoline will produce wonderfully good results. When I use tampons pure glyco-thymoline produces the best results. Case. I.—Miss R., profuse leucorrhea (idiopathic). She was very miserable and "run down," very nervous, severe pain in back; cervix congested; discharge was acrid and excoriating. Treatment:—Ordered hot douches (110 degrees) twice daily medicated with glyco-thymoline, two ounces to quart and put the patient on constitutional remedies. This treatment was persisted in for two months when she was discharged cured. Case. II.—Ulceration of Cervix.—This patient had been treated with boro-glyceride, iodine, ichthyol, etc., but without much benefit. Resolved to try glyco-thymoline which I accordingly did. Tamponed with lamb's wool saturated with pure glyco-thymoline which was allowed to remain for twenty-four hours. On removal a hot douche of 10 per cent solution of glyco-thymoline was given and tampon again introduced. This treatment was given for three weeks when the patient was discharged cured.